

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2005
Secretary of State**

DOCUMENT# N95000004903

Entity Name: FLORIDA BAPTIST RETIREMENT CENTERS, INC.

Current Principal Place of Business:

1006 33RD STREET
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 460
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLELLAND, EDDIE L
Address: 1320 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: WEEKS, SAM
Address: 9899 155TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: TURNER, THOMAS J
Address: 4251 MONUMENT ROAD, EAST POINT #401
City-St-Zip: JACKSONVILLE, FL 32225

Title: A () Delete
Name: MCDANIEL, THOMAS L
Address: 104 ALAMEDA AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: CREASMAN, HERSCHEL
Address: 11131 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: COOLEY, DONALD L
Address: 6735 CALVADOS AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. MCDANIEL

MR.

01/11/2005

Electronic Signature of Signing Officer or Director

Date